

Missouri Family, Career and Community Leaders of America Member Affiliation Form

1 **TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF TEEN TIMES AFFILIATION AND PAYMENT MUST BE RECEIVED AT THE STATE OFFICE BY NOVEMBER 1. AFFILIATIONS WILL ONLY BE PROCESSED WHEN RECEIVED WITH PAYMENT. SEE INSTRUCTIONS ON BACK.**

2

Name of Chapter

Name of School

School Address

City State Zip

School Phone # (Including area code) School Fax # (Including area code)

3 Co-curricular Yes ☐ No ☐ 4 School Location: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

5 Check your school type ☐ 6 Elementary ☐ 4 Middle School ☐ 1 Junior High/Intermediate
☐ 3 Combine Jr/Sr High ☐ 2 Senior High ☐ 5 Other (Voc School, etc.)

6 # of Males # of Females Total Total # YTD

7 Race/national origin (optional). Enter number of members below:
Caucasian # African-American # Asian
Hispanic # Native- American # Others

8

Mr/Mrs/Ms Advisor First Name M.I. Advisor Last Name

Home Address

City State Zip

9 10

Phone # (Including area code) Best time of day to contact Years as advisor

11 My Email Address is

12 The additional advisors for this chapter are (list information on a separate sheet):

DECEMBER 20 DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY

SEND FORM, MEMBER LIST AND ONE CHECK TO INCLUDE BOTH STATE AND NATIONAL DUES TO:

Missouri Family, Career and Community Leaders of America
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480

DUES Both state and national dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. No substitution of names.
13 Which dues payment of the school year? ☐ 1st ☐ 2nd ☐ 3rd or more

NATIONAL DUES		RATE	AMOUNT
Members	1 to 9 members	Minimum	= \$ 63.00
Additional Members	<input type="text"/>	X \$7.00	= \$ <input type="text"/>
Advisor Contribution	<input type="text"/>	X \$7.00	= \$ <input type="text"/>

Each member's national dues includes \$3.50 for a one-year subscription to Teen Times magazine. Nonmember subscriptions to Teen Times are \$7.00.

STATE DUES

Members	<input type="text"/>	X \$2.00	= \$ <input type="text"/>
Advisor Contribution	<input type="text"/>	X \$2.00	= \$ <input type="text"/>

Method of Payment

Check Number: Total = \$

14

Chapter Advisor Date

Chapter President Date

Date Received by Missouri FCCLA:

White Copy - Missouri FCCLA Yellow Copy - Chapter Advisor

Instructions for Completing Form

Please use a blue or black ballpoint pen and press hard to complete both copies.

ABOUT THE CHAPTER

1. LISTING OF MEMBERS – Please attach a typed or computer-generated list of member names in alphabetical order by last name. Also indicate each member's grade number (i.e. Senior = 12, Junior = 11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
2. CHAPTER DATA – Check data for accuracy if the chapter information is preprinted in the lower right-hand corner of the form. Complete the chapter name, school name, address, city, state, zip code and zip code extension, telephone number and fax number on the appropriate lines. A chapter identification number will appear on preprinted forms. A new chapter will be assigned a number when its affiliation is received at national headquarters. Please use the chapter identification number when contacting national headquarters.
3. CO-CURRICULAR – Indicate if your chapter is co-curricular (A program that integrates FCCLA chapter activities into the family and consumer sciences classroom program of study) by marking the appropriate box.
4. POPULATION INFORMATION – Which population best describes the location of your school? Urban (Over 100,000), Suburban (75,000 to 100,000), Small Town (15,000 to 75,000), or Rural (Under 15,000).
5. SCHOOL TYPE – Check the category that best describes your school.
6. CHAPTER MEMBERSHIP – Complete the number of males, females and total members included in this payment. Also give the total number of members affiliated for the year-to-date. Do not include Advisor in counts.
7. RACE/NATIONAL ORIGIN (optional) – Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.

ABOUT THE ADVISOR

8. CHAPTER ADVISOR – If the Advisor's name is different than the preprinted advisor name, line through the former Advisor's name and complete with the new information. If using a blank form, complete all the school and Advisor information.
9. CONTACT TIME – Please let us know what time of the school day is best to contact you.
10. YEARS AS ADVISOR – Complete the boxes with the total number of years you have been a chapter Advisor. This information will be used to determine the years of service awards.
11. EMAIL ADDRESS – Please provide if available.
12. ADDITIONAL ADVISORS – List additional Advisors' names. Please include their information on a separate sheet.

DUES CALCULATION

13. DUES – Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS OF ONE TO NINE MEMBERS IS \$63.00.** Give the number of **additional** members, amount of national and state dues, national and state Advisor contributions and other chapter fees (if applicable) included in this payment. Both state and national dues must be paid for each member and there are no substitutions of names. Verify the payment is correct for the number of members listed. Please mark method of payment. **Affiliations will only be processed when received with payment.** Prepare **ONE** check or money order to include both state and national dues payable to **Missouri FCCLA**.
14. Have the chapter Advisor and chapter president sign and date the completed form.

Retain the yellow copy of this form for your records and mail the white copy with your member roster list and **ONE** check or money order to include both state and national dues to the address shown in the front upper right-hand corner of this form.

Early dues payment to the State Office by November 1 helps assure that your members receive a full year of services. Members in National STAR Events, Power of One or Member Quest **MUST** affiliate by February 1 (postmark date) to make certain your chapter's affiliation is forwarded to the National Office before March 1.

Missouri Family, Career and Community Leaders of America
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480
573/751-7964



Email address: cholling@mail.dese.state.mo.us
MO FCCLA Website address: www.dese.state.mo.us/divvoted

